



NEGOTIATING THE HEALTH CARE MARKET WITH INTEGRITY

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We present this special section of *Health Progress* in hopes that it will continue the conversation that was begun at the “Negotiating the Healthcare Market with Integrity” conference held in Washington, DC, in March 2001 and sponsored by the Center for Clinical Bioethics at Georgetown University Medical Center. The primary purpose of the conference was to address, head-on and in some depth, the significant tension so many health professionals believe the market has introduced to health care. Two assumptions informed conference proceedings: (1) stewardship is a critical dimension of health care delivery, and (2) health care services are not merely or primarily market commodities. Given the “ultra” or “hyper” market culture, achieving an appropriate balance of market and health care values is especially important.

Conference organizers attempted, in papers and through a conference format that allowed considerable discussion, to begin to bridge the chasm developing between dedicated clinicians and their equally dedicated colleagues in management, finance, planning, and policy.

Two problems currently beset health care: how to maintain a sustainable health sector, and how to maintain the integrity of the pro-

fession. As moderator, my introductory paper (p. 24) was an attempt to examine closely and better understand the nature, limits and virtue of the market in the health care arena; to what extent market strategies are effective in promoting health and allocating health care services; and how we can arrive at a better balance of market and nonmarket values to provide needed services to all.

In his thoughtful essay distinguishing two models of integrity and compliance, Roberto Dell’Oro (p. 29) explains the poverty and danger of health professionals’ uncritical acceptance of health care as commerce. Judith Feder (p. 44) discusses the moral responsibility of entering the public policy debate and outlines political realities concerning health care reform. Sr. Carol Taylor, CSFN, discusses moral leadership (p. 37), and, in conjunction, Ed Gerardo provides a working example of institutional moral leadership at its finest (p. 40). In addition, Julie Andrews (p. 28) and Ella Curry (p. 32) provide testimonies of integrity in patient advocacy. Finally, *Health Progress* invited Sr. Teresa Maltby, RSM, and John Tiscornia to examine the new economic model of value dynamics (p. 46), referenced at the end of my introductory article.

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